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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

" If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Application or Docket Number

09/890569

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS								RATE	5EE A) 	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					105					
• If	the difference	in column 1 is	less than ze	ro ente	r "O" in c	olumn 2	•	+135=		OR	+270=		0
			•			organii L		TOTAL	255	OR	TOTAL		ES
	C	(Column 1)	MENDED - PART II (Column 2)			(Column 3)	١	SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY	7
AMENDMENT A		CLAIMS RÉMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABLE COPY
	Total	. 13	Minus	••	20	= /	1	X\$ 9=	/	OR	72.0	/	5
	Independent	. 2	Minus	***	. ろ	= /		X40=		OR	X80=	/	學
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN.	T CLAIM]	105	-/-			/	
				·				+135= TOTAL	4	OR	+270= TOTAL	<i></i>	
		(0.1 1)						ADDIT. FEE		OR	ADDIT. FEE		유
AMENDMENT B		(Column 1) CLAIMS	CARTON CONTROL Extractor Control	(Colur HIGH	EST	(Column 3			ADDI-	1 !			~
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=]	X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus	***		=		X40=		OR	X80=		1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	.405			070		1
								+135=		OR	+270=		
						•		ADDIT. FEE		OR	ADDIT. FEE		4
		(Column 1) CLAIMS			mn 2) HEST	(Column 3	7			1			1
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	_	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		1	X80=	<u> </u>	1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR		┼	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR			_ ·
**	"If the "Highest Number Previously Pold Earl IN THIS SPACE Is too the Co.								l .		TOTAL	.1	I

ADDIT. FEE